

NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NUMBER	Reserved for Clerk's File Stamp
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES		
COURTHOUSE ADDRESS:		
PLAINTIFF:		
DEFENDANT:		
REQUEST FOR ENFORCEMENT OF SUMMARY JUDGMENT PURSUANT TO PENAL CODE SECTION 1306		CASE NUMBER:

[USE A SEPARATE FORM FOR EACH DEFENDANT]

- I _____ ☐ Judgment Creditor
I _____ ☐ attorney for the judgment Creditor, _____
hereby request enforcement of the Summary Judgment Number _____ issued on
_____, on Criminal Case Number _____, in Dept./Div. ____
by _____, Judicial Officer Presiding.
- I ☐ am ☐ am not requesting immediate issuance of: ☐ a Writ of Execution ☐ an Abstract of Judgment.
- The Summary Judgment to be enforced against the defendant is as follows:
 - Amount of the summary judgment \$ _____
 - Interest, if any. \$ _____
 - Costs (court fees*, including administrative charges). \$ _____
 - Total amount to be enforced as civil judgment. \$ _____

* All fees waived by the court must be reimbursed upon partial or full satisfaction of the summary judgment.
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature Dated